| PATENT APPLICATION FEE DETERMINATION RECORDES AVAILABLE CODY | | | | | | | | | | |
|--|---|---|---------------|---|------------------|-----------------|---|-----|---------------------|-------------------------|
| CLAIMS AS FILED - PART I (Cotumn 1) (Column 2) | | | | | | | OTHER THAN SMALL ENTITY OR SMALL ENTITY | | | |
| FOR | | | ER FILED | NUMBER | | RATE | FEE | | RATE | FEE |
| BASIC | FEE | | | | | · . | 365.00 | OR | | 730.00 |
| TOTA | L CLAIMS | | // minus | 20 = | • | | = | OR | x\$22= | · |
| INDE | PENDENT CLA | IMS | 2 minus 3 = • | | · | x38: | = | OR | x76= | |
| MULTIPLE DEPENDENT CLAIM PRESENT | | | | | | +120 | = \ | OR | +240= | |
| If the difference in column 1 is less than zero, enter "0" in column 2 | | | | | | | 365 | OR | TOTAL | 730 |
| 91 | CLAUMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3) | | | | | SMALL ENTITY OR | | | OTHER THAN | |
| NT. | | CLAIMS REMAINING AFTER AMENDMENT | | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA | RATI | ADDI- | | RATE | ADDI- TIONAL FEE: |
| DME | Total | .5 | Minus | -34 | = | x\$ N | = | OR, | x\$22= | |
| AMENDMENT | Independent | 29 | Minus | ** >3 | =(// | 'x38 | - 1 | ;öñ | x76≟″ | 100 |
| A | FIRST PRE | SENTATION O | FMULTIPLE | DEPENDENT C | LAIM | +120 | | OR | +240= | |
| | (Column 1) (Column 2) (Column 3) | | | | | | AL . | OR | TOTAL ADDIT. FEE | • |
| ENDMENT & | | CLAIMS REMAINING AFTER AMENDMENT | | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA | RAT | ADDI- TIONAL FEE | | RATE | ADDI- TIONAL FEE |
| | Total | • | Minus | · 34 | = | x\$11 | = | OR | x\$22= | |
| | Independent | • | Minus | 3 | = | x38 | =] | OR | x76= | |
| AM | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM | | | | | +120 |)= | OR | +240= | |
| (Column 1) (Column 2) (Column 3) | | | | | | TO: ADDIT. F | | OR | TOTAL ADDIT. FEE | |
| AMENDMENT | | CLAIMS REMAINING AFTER AMENDMENT | | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA | RAT | E ADDI- TIONAL FEE | | RATE | ADDI- TIONAL FEE |
| | Total | • | Minus | •• | = | x\$11 | = | OR | x\$22= | |
| MEN | Independent | • | Minus | *** | = | x38 | = | OR | x76= | |
| Ā | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM | | | | | |)= . | OR | +240= | |
| If the entry in column 1 is less than the entry in column 2, write "0" in column 3. If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." TOTAL ADDIT. FEE OR ADDIT. FEE The Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1. | | | | | | | | | | |

Application or Dock t Number